

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700201

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** THE FLORIDA SOCIETY OF HEARING HEALTHCARE PROFESSIONALS, INC.

**Current Principal Place of Business:**

9485 NW 52ND PLACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

119 EAST PARK AVENUE  
SUITE 2-E  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 26384  
TAMARAC, FL 33320

**New Mailing Address:**

119 EAST PARK AVENUE  
SUITE 2-E  
TALLAHASSEE, FL 32301

**FEI Number:** 59-2347559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINN, JASON  
119 EAST PARK AVENUE  
SUITE 2-C  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: WINN, JASON D  
Address: 119 EAST PARK AVENUE, SUITE 2-E  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P  
Name: MOORE, JOHN HAS  
Address: 2502 SE WILLOUGHBY BOULEVARD  
City-St-Zip: STUART, FL 34994

Title: VP  
Name: SHULMAN, STEVE HAS  
Address: 7270 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063

Title: TO  
Name: DEHLER, MICHAEL HAS  
Address: 1130 W. GRANADA BLVD - SOUTH FORTY PLAZA  
City-St-Zip: ORMOND BEACH, FL 32174

Title: O  
Name: KARRH, JIM HAS  
Address: 935 N. MILITARY TRAIL, SUITE 101  
City-St-Zip: JUPITER, FL 33458

Title: O  
Name: BOLANOS, BERT HAS  
Address: 20802 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON D. WINN

ED

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date